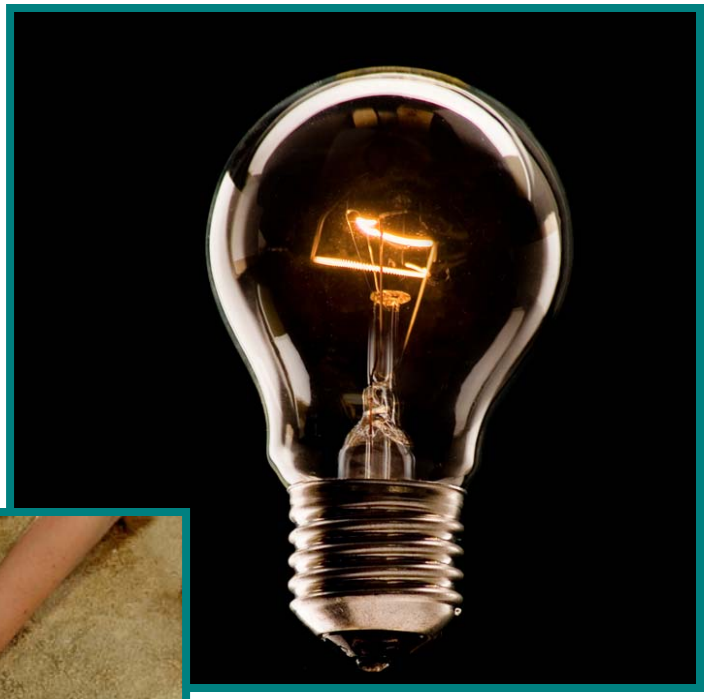
Final Report Summary



2007 Primary Care Mini Grant

ARIZONA HEALTH FACILITIES AUTHORITY
"Financing the Future of Healthcare in Arizona"

St. Luke's Health Initiatives
A Catalyst for Community Health

Introduction

In June 2000 St. Luke's Health Initiatives and the Arizona Health Facilities Authority began collaboration with the Office of Health Systems Development to provide planning and network development of the Primary Care Mini Grant opportunity to organizations that serve medically underserved communities in Arizona. The mini grant project attracts both rural and Native American entities that demonstrate leadership in developing/creating collaborative partnerships that engage the community and ready them towards change.

This final report summarizes the project outcomes for the 2007 Primary Care Mini Grant recipients during the September 3, 2007 to July 31, 2008 grant period and includes: project focus, approach, results, budget, and project sustainability as stated in the grantees final report. The six selected grantees represented a diverse group of organizations and communities from three Native American communities and three rural/medically underserved communities. The majority of grantees conducted primary care needs assessments with an emphasis on two specific populations, people of low socioeconomic status and minority populations.

Pictured above: Clinica Adelante, Inc.

Sonrisa! Aguila & Harquahala Valley Project

Organization: Clinica Adelante, Inc. -Aguila, Arizona

Project Focus: Local primary care needs assessment to improve access to dental care and support direct planning of dental services care to low income families in the community of Aguila, Arizona and the broader Harquahala Valley's migrant seasonal farm worker community.

Approach: Community meetings were held between the months of September and June at these meetings residents cited transportation, cost and lack of dental health providers as major barriers to services. The project was promoted as an integral part of the outreach plan developed and implemented by the Rural Health Team which includes: 2 medical teams, two community liaisons, Dr. Joe Dunn, Dental Services Director, and his staff. This team was responsible for conducting the dental screenings and provided preventive education to both children and adults.

Results:

- A dental screening form in both English and Spanish was created, tested and successfully used
- Creation of a parent consent form with a description and purpose of the dental procedure was developed
- 588 out of 1,000 or 20% of the dental screenings were completed
- Local primary care needs assessment process was developed and successfully implemented
- 2 health fairs were held

Project Sustainability: Clinica Adelante, Inc. will continue assessing program goals and continue collaborating with other organizations in the Aguila, Arizona and the broader Harquahala Valley area.

Pictured above: La Paz Regional Hospital

La Paz "Outback" Primary Care needs Assessment

Organization: La Paz Regional Hospital- Parker, Arizona

Project Focus: A primary care needs assessment was conducted to assess the healthcare needs of the population in the Eastern areas of La Paz County including Salome, Wenden, Bouse and Brenda.

Approach: Measured population trends and demographics by collecting and analyzing the data providing the grantee with the top priority health issues facing the residents of these communities, and understanding of barriers to care faced by residents and the ability to access these services by means of a community needs assessment and successful community forums on healthcare needs in Bouse, Brenda, Salome and Wenden,

Results: Key findings of assessment:

- Over half of the respondents use primary health care services and expansion of services could reduce the amount of travel time and increase overall satisfaction ratings of local health care services
- The regional demographics include fewer minorities and more non- Hispanic Caucasians than the state of Arizona as a whole
- Over ¾ or 78% of respondents are older than the traditional working age of 65 and older
- The majority of respondents are not satisfied with the primary care services that are available throughout Lap Paz County
- Over 30% of respondents currently opt to travel to Wickenburg or Phoenix (in Maricopa County) for primary care services
- The most commonly perceived health problem in the community are (in descending order)- Chronic disease (heart disease and diabetes), Alcohol, Tobacco and other drug abuse, and geriatric/Elder Care

Project Sustainability: This is part of La Paz Regional's five year strategic plan for improving the health of surrounding communities through better knowledge of resources, and strategic development of additional primary health services in each community.

Pictured above: Mountain Park Health Center (44th St. & Van Buren Site)

Dhexdhexadiye **(means liaison in Somali)**

Organization: Mountain Park Community Health Center (MPHC) – East Phoenix, Arizona

Project Focus: Development of a community primary care improvement plan for Somali refugees in East Phoenix

Approach: Utilizing a Dhexdhexadiye (means liaison in Somali) to increase understanding of the health care system and certain medical procedures. Increase access to community resources by creating linkages and partnerships with other community organizations available to the Somali refugee population and develop materials.

Results:

- Dhexdhexadiye hired directly from Somali community
- Provided support to 998 patients by assisting them with translation, transportation, and classes- exceeding initial target of 400 patients
- Focus groups began in May 2008 and were held at MPHC. The focus group was organized by the Somali Case Manager and the Behavioral Health Specialist and to date one class has been held with 4 Somali participants - this work is ongoing
- Scheduled monthly pre-natal classes for all Somali pregnant patients with 14 people in attendance
- Initiated monthly nutrition classes
- Developed handout information in Somali to provide patient information regarding MPHC's OB care, child immunizations, outreach contact numbers, and Mountain Park Health Center telephone numbers and information regarding services
- Collaborated with the Somali Association to assist with the development of resource materials, monthly newsletters, and scheduling of meetings in the community

Project Sustainability: MPHC will continue offering classes and conducting focus groups for Somali refugees. The Dhexdhexadiye will continue to be employed at the East Phoenix clinic. MPHC will also initiate a discussion with their patient's insurance companies to contract with taxi services to provide transportation to Somali Refugees. MPHC has also made important connections with the International Rescue Committee and Catholic Charities, both organizations provide refugee services in the valley.

Pictured above: Chinle Comprehensive Health Care Facility

Rough Rock Community Assessment Project

Organization: Chinle Comprehensive Health Care Facility- Chinle, Arizona- Navajo Nation

Project Focus: Rough Rock Community Assessment Project

Approach: To conduct community primary care identification of alternatives and resources and implement a community assessment. Identify gaps within the community through community-developed surveys and focus group sessions in partnership with the Navajo Nation Community Health Representative (CHR) program, school board representatives, and other interested agencies and organizations.

Results:

- Developed a survey tool that identified major concerns and issues for residents
- Received 172 surveys by December 31, 2007
- Convened several groups within the community to establish a partnership of representatives (also known as the Community Assessment Project (CAP Team) from Indian Health Service Public health Nursing Department, the Navajo Nation Community Health Representative program, the Rough Rock chapter officials, the Rough Rock Community School, and the Rough Rock Community Land Use Planning Committee to form a community assessment project team

Project Sustainability: The results will be reported to the Chinle Health Board, which is made up of representatives from the 16 chapters (or communities) with the Chinle Service Unit to potentially replicate this project in other chapters. The CAP Team will continue to collaborate to address additional community concerns once vacancies in the participating organizations have been filled.

Pictured above: Native American Community Health Center, Inc

Native Health Community Needs Assessment

Organization: Native American Community Health Center, Inc. - Phoenix, Arizona, Urban Indian Community
Project Focus: Community Needs Assessment

Approach: Quantitative Research: developed a comprehensive survey instrument. Qualitative Research: two discussion groups were conducted, one male and one female to assist Native Health and its related partners—Phoenix Indian Center and Native American Connections—in understanding community needs and attitudes around health and healthcare along with other issues affecting the lives of Native Peoples.

Results: (please see NACHCI "2008 Community Needs Assessment Survey Results and Implications" for a more detailed analysis of findings)

Surveys:

- 761 out of the targeted 750 surveys were completed
- Survey responses indicated areas where Natives could use support/assistance: education, financial counseling/assistance, heath/healthcare and housing
- Ability to identify native peoples barriers to accessing health care / dental services
- Focus Groups:
- Provided insight into frustrations with the available systems as relative to Native Peoples perceptions of the resources available
- In a broad listing of potential concerns and behavior-related issues, the most cited items were job opportunities, cultural preservation, language, classes, medical care, emergency care, health education, food assistance, children's health, child care, elder home care and transportation, medical equipment, diabetes, hypertension, dental care, utility assistance and housing support

Project Sustainability: Continue collaboration with Native Health and its related partners to work on implementation of key findings.

Pictured above: St. Michaels Clinic

Improving Community Awareness about Diabetes and its Prevention

Organization: St. Michaels Clinic - St. Michaels, Arizona, Urban Indian Community- Navajo Nation
Project Focus: Primary Care Community Needs Assessment

Approach: Development of a survey tool to assess medical and educational needs regarding awareness of diabetes and its prevention within the St. Michaels/Window Rock/Fort Defiance area.

Results:

- Expected 90 completed survey's and completed 145
- 101 out of 145 respondents had trouble obtaining transportation to health care visits
- 128 out of 145 participants would seek traditional medicine men or women for their health care needs as well as Western Medicine as needed (complimentary health care)
- About half of the survey participants want providers to spend more time talking to them about prevention and risks
- Community stated that they would enjoy public presentations in their community regarding health issues and prevention strategies
- Discovered that many people did not know that St. Michaels Clinic saw Navajo patients. Since conducting the survey the clinic has seen an increase in patient numbers. Many of these new patients had never received diabetes testing in the past two years if ever and are now being screened for diabetes, pre-diabetes, obesity and cholesterol

Project Sustainability: Continued collaboration with the Navajo Special Diabetes Program. Additionally, the clinic will order health care educational handouts for patients to read during their visits, screen all patients once a year for diabetes, spend more time talking to patients about diabetes prevention including parents of children who come in for Well Child Checks, build a classroom to conduct diabetes prevention education classes for patients and their families including a kitchen to demonstrate healthy food preparation. Per the grantee, "This project is completely reproducible, and it can be used by other clinics in different areas changing very little of the language in the survey tool."